

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

L.A. FAMILY HOUSING CORPORATION AND ITS AFFILIATED ORGANIZATIONS HELP HOMELESS AND LOW-INCOME FAMILIES AND INDIVIDUALS OF THE GREATER LOS ANGELES AREA TRANSITION OUT OF POVERTY AND CREATE LASTING STABILITY BY PROVIDING A COMPREHENSIVE RANGE OF SUPPORTIVE SERVICES AND OFFERS A CONTINUUM OF HOUSING, INCLUDING EMERGENCY AND BRIDGE, SCATTERED SITE PLACEMENT, PERMANENT SUPPORTIVE AND PERMANENT AFFORDABLE HOUSING.

**2** Did the organization undertake any significant program services during the year which were not listed onthe prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programservices? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code: ) (Expenses \$	433,555	including grants of \$	0	(Revenue \$	505,350 )
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See Additional Data

<b>4b</b>	(Code: ) (Expenses \$	41,650,321	including grants of \$	323,726	(Revenue \$	2,273,922 )
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See Additional Data

<b>4c</b>	(Code: ) (Expenses \$	490,796	including grants of \$	0	(Revenue \$	769,293 )
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See Additional Data

















See Additional Data Table

**4d** Other program services (Describe in Schedule O.)

(Expenses \$	1,913,044	including grants of \$	0	(Revenue \$	1,523,161 )
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<b>4e</b>	<b>Total program service expenses ▶</b>	44,487,716
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<b>23</b>	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	Yes
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	617
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 394			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.		<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	21	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	21	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</b>	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**LA FAMILY HOUSING 7843 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 (818) 982-4091**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

## Part VII

<b>b Sub-Total</b>	▶			
<b>c Total from continuation sheets to Part VII, Section A</b>	▶			
<b>d Total (add lines 1b and 1c)</b>	▶	1,486,075	0	81,208

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANOJ PATEL PALM TREE INN 1424 SEPULVEDA BLVD NORTH HILLS, CA 91343	CRISIS HOUSING ROOMS	820,485
DONY RAMIREZ 12 STEPS CONSTRUCTION 1421 CHATSWORTH DR SAN FERNANDO, CA 91340	CONSTRUCTION	322,557
ADHE LLC AMERICA'S BEST VALUE INN 122 SOUTH WESTERN AVE LOS ANGELES, CA 90062	CRISIS HOUSING ROOMS	363,490
COLTHOUSE CARLIN & VAN TRIGT LLP 301 W OLYMPIC BLVD PASADENA, CA 91199	AUDITORS	282,452
ELA CRUZ GOLDSTAR INN, 2165 SAN FERNANDO RD YLMAR, CA 91342	CRISIS HOUSING ROOMS	719,885

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 9



Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input checked="" type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	1,918,092									
	d Related organizations		1d										
	e Government grants (contributions)		1e	36,092,069									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	5,667,785									
	g Noncash contributions included in lines 1a - 1f:\$		1g	1,169,029									
	h Total. Add lines 1a-1f		43,677,946										
Program Service Revenue	2a LOW INCOME HOUSING		Business Code	624200		2,755,108		0		0			
	b LAUNDRY/VENDING		624200		39,016		0		0				
	c MANAGEMENT & DEVELOPMENT FEES		624200		934,389		0		0				
	d CHILDCARE INCOME		624200		20,102		0		0				
	e LOSS ON PROJECTS IN DEVELOPMENT		624200		-125,000		0		-125,000				
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		3,623,615										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					631,878		0		631,878			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss)												
	8a Gross income from fundraising events (not including \$ 1,918,092 of contributions reported on line 1c). See Part IV, line 18		8a	224,958									
	b Less: direct expenses		8b	171,077									
	c Net income or (loss) from fundraising events					53,881		0		53,881			
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
10a Gross sales of inventory, less returns and allowances		10a											
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a MISC			624200		48,468		48,468		0				
b													
c													
d All other revenue													
e Total. Add lines 11a-11d					48,468								
12 Total revenue. See instructions					48,035,788		3,797,083		0				
									560,759				
Form 990 (2019)													

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	323,726	323,726		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	910,165	764,539	109,220	36,406
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	15,453,617	12,972,315	1,862,483	618,819
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	63,446	45,870	15,209	2,367
<b>9</b> Other employee benefits . . . . .	1,630,650	1,406,857	176,438	47,355
<b>10</b> Payroll taxes . . . . .	1,316,677	1,133,264	129,576	53,837
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	34,961	34,961	0	0
<b>c</b> Accounting . . . . .	816,723	334,554	440,384	41,785
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	290,337	104,901	2,375	183,061
<b>13</b> Office expenses . . . . .	920,262	661,398	253,604	5,260
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,126,944	1,088,277	22,386	16,281
<b>17</b> Travel . . . . .	209,157	209,157	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	6,264	0	6,249	15
<b>20</b> Interest . . . . .	960,899	642,602	318,297	0
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	948,985	906,247	42,738	0
<b>23</b> Insurance . . . . .	649,638	591,636	38,648	19,354
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT SERVICES	12,730,725	12,730,725	0	0
<b>b</b> SAFETY AND SECURITY	975,426	765,050	-8,284	218,660
<b>c</b> SUBCONTRACTORS	2,721,230	2,660,700	8,925	51,605
<b>d</b> REPAIRS AND MAINT	2,572,818	2,544,206	17,416	11,196
<b>e</b> All other expenses	5,293,678	4,566,731	279,917	447,030
<b>25</b> Total functional expenses. Add lines 1 through 24e	49,956,328	44,487,716	3,715,581	1,753,031
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		1,907,559	<b>1</b>	2,802,012
	<b>2</b>	Savings and temporary cash investments . . . . .		3,089,774	<b>2</b>	2,587,892
	<b>3</b>	Pledges and grants receivable, net . . . . .		2,662,381	<b>3</b>	1,024,338
	<b>4</b>	Accounts receivable, net . . . . .		8,052,690	<b>4</b>	8,412,851
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		23,441,475	<b>7</b>	25,116,475
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		542,169	<b>9</b>	401,089
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	45,507,537		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	16,138,411		
				27,824,077	<b>10c</b>	29,369,126
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		12,750,024	<b>15</b>	12,047,719	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		80,270,149	<b>16</b>	81,761,502	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		10,868,120	<b>17</b>	14,802,180
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		6,997,847	<b>19</b>	7,353,776
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		26,000	<b>22</b>	26,000
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		34,280,709	<b>23</b>	34,129,102
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		1,479,515	<b>24</b>	753,272
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,563,179	<b>25</b>	2,511,581
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		56,215,370	<b>26</b>	59,575,911
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		20,842,519	<b>27</b>	20,584,374
	<b>28</b>	Net assets with donor restrictions . . . . .		3,212,260	<b>28</b>	1,601,217
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		24,054,779	<b>32</b>	22,185,591
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		80,270,149	<b>33</b>	81,761,502	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	48,035,788
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	49,956,328
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,920,540
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	24,054,779
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	105,673
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-54,321
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	22,185,591

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

# Additional Data

**Software ID:** 19009670

**Software Version:**

**EIN:** 95-3920560

**Name:** LA Family Housing Corp

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

ALABAMA COURT - A 42-UNIT APARTMENT BUILDING HOUSING LOW INCOME FORMALLY HOMELESS INDIVIDUALS AND FAMILIES LOCATED IN CANOGA PARK, CALIFORNIA.

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**Form 990, Part III, Line 4b:**

THE L.A. FAMILY HOUSING HOMELESS SERVICES PROVIDES FOR CRISIS AND BRIDGE HOUSING FOR THOUSANDS OF HOMELESS PEOPLE EACH YEAR, INCLUDING 250 BEDS FOR SINGLE ADULTS AND 12 UNITS FOR UP TO 65 FAMILIES. COMUNIDAD CESAR CHAVEZ IS A 27-UNIT BUILDING THAT PROVIDES EMERGENCY OR "BRIDGE" HOUSING TO APPROXIMATELY 75 FAMILIES FROM EAST AND SOUTH LOS ANGELES EACH YEAR. WHEN FAMILIES COME TO L.A. FAMILY HOUSING, THEY ARE MOST OFTEN HOMELESS, HAVING EXHAUSTED ALL OTHER RESOURCES OF STAYING WITH FAMILY AND FRIENDS, OR IN MOTELS AND HOSTELS. WALKING THROUGH OUR DOORS, THEY FIND IMMEDIATE ASSISTANCE. OUR FAMILY RESPONSE TEAM ASSESSES THEIR MOST PRESSING NEEDS AND, IF THEY HAVE NO OTHER PLACE TO GO, STAFF WILL PLACE THEM INTO ONE OF OUR BRIDGE HOUSING PROPERTIES. WITH AN ONSITE FOOD PANTRY, COMPUTER LAB, LIBRARY AND COMMUNITY ROOM, PLUS A PLAYGROUND, BASKETBALL COURT AND COMMUNITY GARDEN, WE PROVIDE CHILDREN AND THEIR FAMILIES A SAFE AND SECURE PLACE TO STAY WHILE WE HELP THEM LOCATE AND MOVE INTO PERMANENT HOUSING. A CASE MANAGER IMMEDIATELY BEGINS WORKING WITH PARTICIPANTS TO PROVIDE SUPPORTIVE SERVICES TO INCREASE SELF-SUFFICIENCY. A COMPREHENSIVE SERVICE CENTER, WITH COMMUNITY PARTNERS LOCATED ON-SITE, STAFF FOCUSES ON INCREASING THE STABILITY OF EACH MEMBER OF THE FAMILY AND ENSURING THAT PHYSICAL AND BEHAVIORAL NEEDS ARE MET. ADULTS HAVE ACCESS TO EMPLOYMENT SERVICES, JOB TRAINING, LINKAGES TO CONTINUING EDUCATION, FINANCIAL LITERACY WORKSHOPS, TREATMENT FOR SUBSTANCE USE DISORDERS, LIFE SKILLS TRAININGS, AND MORE. CHILDREN HAVE MULTIPLE OPPORTUNITIES FOR HEALTHY EDUCATIONAL, SOCIAL, PHYSICAL AND MENTAL HEALTH DEVELOPMENT THROUGH VARIOUS WORKSHOPS, TUTORING AND HOMEWORK HELP GROUPS, FIELD TRIPS, AND MORE.

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**Form 990, Part III, Line 4c:**

GLENOAKS GARDENS - A 60-UNIT RESIDENTIAL APARTMENT COMPLEX IN SUN VALLEY, CALIFORNIA PROVIDES PERMANENT SUPPORTIVE HOUSING FOR HOMELESS ADULTS WITH MENTAL DISABILITIES AND QUALIFYING LOW INCOME INDIVIDUALS. COMMENCED OPERATIONS IN DECEMBER 2011.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 80,235 including grants of \$ 0 ) (Revenue \$ 57,924 )

DETAILS OF SPECIFIC HOMELESS SERVICES PROGRAMS FOLLOW: MARTIN LUTHER KING JR.: A 7-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.

(Code: ) (Expenses \$ 49,332 including grants of \$ 0 ) (Revenue \$ 26,352 )

GENTRY VILLAGE IS A 3-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code: )	(Expenses \$	73,091	including grants of \$	0 ) (Revenue \$
STRONG HOUSE, A 6-UNIT HISTORICAL MANSION PROVIDING HOUSING FOR LOW-INCOME FAMILIES.				
(Code: )	(Expenses \$	56,434	including grants of \$	0 ) (Revenue \$
GENTRY NORTH IS A 5-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES FOR A PERIOD OF UP TO 2 YEARS.				

56,985 )

50,196 )

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>					
(Code: )	(Expenses \$	111,388	including grants of \$	0 )	(Revenue \$ 87,390 )
DELANO I IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.					
(Code: )	(Expenses \$	81,534	including grants of \$	0 )	(Revenue \$ 92,546 )
DELANO II IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.					

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 44,319 including grants of \$ 0 ) (Revenue \$ 35,850 )
CASA FIGUEROA IS A 4-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.
(Code: ) (Expenses \$ 127,043 including grants of \$ 0 ) (Revenue \$ 115,063 )
KLUMP IS A 26-UNIT SINGLE-ROOM OCCUPANCY COMPLEX LOCATED IN N. HOLLYWOOD, CALIFORNIA, WHICH PROVIDES PERMANENT HOUSING FOR SINGLES FROM TRANSITIONAL LIVING.

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$ 234,516	including grants of \$ 0 )	(Revenue \$ 231,211 )
VINELAND PLACE (LAFH IS LIMITED PARTNER) - 18 UNITS LOCATED IN SUN VALLEY, CALIFORNIA			

(Code: )	(Expenses \$ 388,812	including grants of \$ 0 )	(Revenue \$ 259,466 )
HYDE PARK-A 25-UNIT APARTMENT BUILDING THAT PROVIDES PERMANENT HOUSING AND SERVICES FOR VERY LOW-INCOME FAMILIES IN INGLEWOOD, CA.			

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 157,737 including grants of \$ 0 ) (Revenue \$ 162,845 )

HARMONY GARDENS LIMITED PARTNERSHIP - A CALIFORNIA LIMITED PARTNERSHIP WHICH OWNS A 14-UNIT COMPLEX LOCATED IN NORTH HOLLYWOOD, CALIFORNIA, THAT RENTS TO QUALIFIED LOW-INCOME TENANTS.

(Code: ) (Expenses \$ 308,730 including grants of \$ 0 ) (Revenue \$ 180,631 )

11754 VANOWEN GARDENS LIMITED PARTNERSHIP - A CALIFORNIA LIMITED PARTNERSHIP WHICH OWNS A 15-UNIT COMPLEX LOCATED IN NORTH HOLLYWOOD, CALIFORNIA, WHICH RENTS TO QUALIFIED LOW-INCOME TENANTS.

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 199,873 including grants of \$ 0 ) (Revenue \$ 166,702 )

VICTORY PARTNERS- VICTORY PARTNERS IS INVOLVED IN THE DEVELOPMENT AND MANAGEMENT OF A 15-UNIT RESIDENTIAL BUILDING LOCATED IN LOS ANGELES, CALIFORNIA, CONSISTING PRIMARILY OF AFFORDABLE RENTAL HOUSING. THE PROJECT WAS PLACED IN SERVICE IN DECEMBER 2001.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATHEW B IRMAS ..... DIRECTOR	0.50 .....	X						0	0	0
ROSS E WINN ESQ ..... DIRECTOR	0.50 .....	X						0	0	0
DEBBIE BURKART ..... DIRECTOR	0.50 .....	X						0	0	0
GREGG SHERKIN ..... DIRECTOR	0.50 .....	X						0	0	0
STEVE M BROWN ..... DIRECTOR	0.50 .....	X						0	0	0
ZEEDA DANIELE ..... DIRECTOR	0.50 .....	X						0	0	0
BLAIR RICH ..... DIRECTOR	0.50 .....	X						0	0	0
JILL KOENIG ..... DIRECTOR	0.50 .....	X						0	0	0
MICHELLE MISSAGHIEH ..... DIRECTOR	0.50 .....	X						0	0	0
DAVID DOYLE ..... DIRECTOR	0.50 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH KAZENELSON DEANE ..... DIRECTOR	0.50 .....	X						0	0	0
JACOB LIPA ..... DIRECTOR	0.50 .....	X						0	0	0
KAREN BRODKIN ..... DIRECTOR	0.50 .....	X						0	0	0
ROBYN LATTAKER-JOHNSON ..... DIRECTOR	0.50 .....	X						0	0	0
TONY SALAZAR ..... DIRECTOR	0.50 .....	X						0	0	0
RASHAD WINSTON ..... DIRECTOR	0.50 .....	X						0	0	0
MICHAEL ZIERING ..... DIRECTOR	0.50 .....	X						0	0	0
JONATHAN RUIZ ..... DIRECTOR	0.50 .....	X						0	0	0
MICHELE BRESLAUER ..... DIRECTOR	0.50 .....	X						0	0	0
GARY MEISEL ..... CHAIR	0.50 .....	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GILLIAN WRIGHT ..... VICE CHAIR	0.50 .....	X		X				0	0	0
WAYNE BRANDER ..... TREASURER	0.50 .....	X		X				0	0	0
DANIEL HOWARD ..... SECRETARY	0.50 .....	X		X				0	0	0
STEPHANIE KLASKY-GAMER ..... PRES & CEO	40.00 .....	X		X				260,320	0	19,995
AARON F LEON ..... CFO	40.00 .....			X				137,984	0	11,988
DANIEL HUYNH ..... DIR OR RE DEVELOP	40.00 .....				X			165,420	0	6,014
KRISTINE R FREED ..... CHIEF PROGRAMS OFFICER	40.00 .....				X			176,441	0	12,421
KATHERINE J TELL ..... CHIEF DEVEL OFFICER	40.00 .....				X			170,000	0	750
JOHN K HORN ..... CHIEF IMPACT OFFICER	40.00 .....					X		128,181	0	3,849
ELIZABETH LAZAR ..... VP OF STRATG. GRWTH OPP	40.00 .....					X		126,365	0	4,588

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY ROBERTS ..... SR DIR INTERIM SUPPORTIVE HOUSING	40.00 .....					X		112,203	0	8,913
AMY COLE ..... SR DIR PERM SUPPORTIVE HOUSING	40.00 .....					X		104,442	0	7,014
CAROL GAUSVIK ..... SR DIR OF ENGAGEMENT	40.00 .....					X		104,719	0	5,676

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
LA Family Housing Corp

Employer identification number  
95-3920560

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,378,688	16,985,192	21,097,547	43,964,626	43,677,946	140,103,999
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	14,378,688	16,985,192	21,097,547	43,964,626	43,677,946	140,103,999
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						2,579,265
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						137,524,734

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . .	14,378,688	16,985,192	21,097,547	43,964,626	43,677,946	140,103,999
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	15,451	232,965	271,836	306,486	631,878	1,458,616
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . .						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	36,836	34,033	111,825	85,150	48,468	316,312
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						141,878,927
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	13,473,648

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.930 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.640 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Pt II Ln 10	Other Income Part II, Line 10 Description: MISC 2015: 36836. 2016: 34033. 2017: 111825. 2018: 85150. 2019: 48468.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
LA Family Housing Corp

Employer identification number  
95-3920560

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year . . . . .

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year . . . . .

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

Yes

No

Part II

Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).  

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .	0	7,107,309	7,107,309
b	Buildings . . . . .		35,204,957	15,908,061
c	Leasehold improvements			
d	Equipment . . . . .			
e	Other . . . . .		3,195,271	230,350
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			29,369,126

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,808,733
(2) SECURITY DEPOSITS	296,276
(3) INVESTMENTS	7,323,714
(4) CONSTRUCTION COSTS INCURRED	1,618,996
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	12,047,719

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,511,581

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	49,408,299
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	105,673
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,141,838
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,247,511
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	48,160,788
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-125,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-125,000
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	48,035,788

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	51,329,441
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,248,113
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,248,113
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	50,081,328
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-125,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-125,000
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	49,956,328

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:** 19009670  
**Software Version:**  
**EIN:** 95-3920560  
**Name:** LA Family Housing Corp

**Supplemental Information**

Return Reference	Explanation
Pt XI, Line 2d	INCOME(\$4,248,945) OF OTHER ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS, SEPARATELY REPORTED FOR TAX PURPOSES. CONSOLIDATION ENTRIES FOR GAAP REPORTING COMPLIANCE ADDED BACK FOR TAX PURPOSES (\$3,107,107).



Supplemental Information	
Return Reference	Explanation
Pt XI, Line 4b	LOSS ON PROJECTS IN DEVELOPMENT RECLASSSED FROM EXPENSES TO REVENUES ON PAGE 9. (\$125,000)

## Supplemental Information

Return Reference	Explanation
Pt XII, Line 2d	SEE ABOVE EXPLANATION FOR PART XI, Line 2d - EXPENSES (\$4,324,917) OF OTHER ENTITIES SEPARATELY REPORTED FOR TAX PURPOSES AND CONSOLIDATION ENTRIES FOR GAAP REPORTING COMPLIANCE ADDED BACK FOR TAX PURPOSES (\$3,076,804).

## Supplemental Information

Return Reference	Explanation
Pt XII, Line 4b	LOSS ON PROJECTS IN DEVELOPMENT RECLASSIFIED FROM EXPENSES TO REVENUES ON PAGE 9. (\$125,000)

## Supplemental Information

Return Reference	Explanation
Pt X, Line 2	THE NONPROFIT ENTITIES CONSOLIDATED IN THESE CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND SECTION 23701(d) OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, THESE NONPROFITS DO NOT HAVE ANY INCOME WHICH THEY BELIEVE WOULD SUBJECT IT TO UNRELATED BUSINESS INCOME TAXES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THERE ARE NO CURRENT TAX EXAMINATIONS PENDING.

## Supplemental Information

Return Reference	Explanation
Pt X, Line 2	<p>NO PROVISION FOR INCOME TAXES HAS BEEN MADE FOR THE CONSOLIDATED PARTNERSHIPS OR THE CONSOLIDATED LLCs AS ANY INCOME OR LOSS IS INCLUDED IN THE TAX RETURNS OF THE PARTNERS OR MEMBERS. THE FEDERAL TAX STATUS AS A PASS-THROUGH ENTITY IS BASED ON ITS LEGAL STATUS AS A PARTNERSHIP OR LLC. THE PARTNERSHIPS AND LLCs ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE PARTNERSHIPS AND LLC's HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THE PARTNERSHIPS AND LLC's ARE REQUIRED TO PAY AN \$800 FEE TO THE CALIFORNIA FRANCHISE TAX BOARD. WITH FEW EXCEPTIONS, THESE PARTNERSHIPS AND LLC's ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014. THERE ARE NO CURRENT TAX EXAMINATIONS PENDING.</p>

## Supplemental Information

Return Reference	Explanation
Pt XI, Line 4b	SEE Part XI, 2d, above.

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Name of the organization LA Family Housing Corp	Employer identification number 95-3920560
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>ANNUAL AWARDS GALA</b> (event type)	(b) Event #2 <b>GOLF TOURN</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,989,648	99,521	18,194	2,107,363
	<b>2</b> Less: Contributions . . . . .	1,835,035	83,057	0	1,918,092
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	154,613	16,464	18,194	189,271
Direct Expenses	<b>4</b> Cash prizes . . . . .	16	1,074		1,090
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	341,179	20,591	139	361,909
	<b>7</b> Food and beverages . . . . .	3,861	705	321	4,887
	<b>8</b> Entertainment . . . . .	6,260	500		6,760
	<b>9</b> Other direct expenses . . . . .	173,061	5,271	6,300	184,632
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				559,278
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-370,007

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
LA Family Housing Corp

Employer identification number

95-3920560

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Pt I Line 2	L.A. FAMILY HOUSING PROVIDED GRANT FUNDS AS SUBRECIPIENTS OF THE HOMELESS FAMILY SOLUTIONS SYSTEM PROGRAM DURING 2019. L.A. FAMILY HOUSING HAS ESTABLISHED A MONITORING TEAM TO CONDUCT FACILITY SITE REVIEWS FOR THOSE SUB-RECIPIENTS PROVIDING TEMPORARY HOUSING FOR PROGRAM PARTICIPANTS. THE TEAM REVIEWS FILES TO ENSURE ELIGIBILITY SERVICES AND FISCAL REVIEW TO ENSURE ACCURATE AND APPROPRIATE BILLING. THE TEAM IDENTIFIES DEFICIENCIES AND ASSESSES THE RISK OF THOSE DEFICIENCIES IN LAFH'S OWN CONTRACT COMPLIANCE. BASED ON THE LEVEL OF RISK, THE TEAM WILL DETERMINE CORRECTIVE ACTIONS, INCLUDING IDENTIFYING REQUIREMENTS TO BRING DEFICIENCY INTO COMPLIANCE, ISSUING RECOMMENDATIONS FOR IMPROVEMENT, AND ISSUING A REPORT TO THE SUB-RECIPIENT SPECIFYING THE REQUIRED CORRECTIVE ACTIONS.

Additional Data

Software ID: 19009670  
Software Version:  
EIN: 95-3920560  
Name: LA Family Housing Corp

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ECONOMICS FOR WOMEN 303 SOUTH LOMA DRIVE LOS ANGELES, CA 90017	95-3969029	501(C)3	97,888	0	0	0	HOMELESS SHELTER
HOPE OF THE VALLEY 8165 SAN FERNANDO RD SUN VALLEY, CA 91352	27-2053273	501(C)3	107,518	0	N/A	N/A	HOMELESS SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE TO HOME 23752 NEWHALL AVE NEWHALL, CA 91321	95-4587823	501(C)3	75,350	0	N/A	N/A	HOMELESS SHELTER
FAMILY PROMISE OF THE VERDUGOS PO BOX 7151 BURBANK, CA 91510	26-2458342	501(C)3	42,970	0	N/A	N/A	HOMELESS SHELTER

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization LA Family Housing Corp		Employer identification number 95-3920560

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LA Family Housing Corp

Employer identification number  
95-3920560

**Part I** **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II** **Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) AUDREYSYDNEY IRMAS	DIRECTOR	TRUST DEED SECURED	X		26,000	26,000		No	Yes		Yes	
<b>Total</b>						26,000						

**Part III** **Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEPHANIE KLASKY-GAMER	KEY EMPLOYEE	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No
(2) WAYNE BRANDER	DIRECTOR & OFFICER	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No
(3) MICHAEL ZIERING	DIRECTOR & OFFICER	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No
(4) GARY MIESEL	DIRECTOR & OFFICER	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No
(5) MICHELLE BRESLAUER	DIRECTOR & OFFICER	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No
(6) DANIEL HUYNH	DIRECTOR & OFFICER	0	ALSO DIRECTOR/OFFICER AFFILIATE ORGANIZATIONS		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
PART IV	AS PART OF THE CAPITAL CAMPAIGN FOR THE NORTH AND SOUTH CAMPUS AND SECURED MULTI-YEAR PLEDGES FROM MEMBERS OF THE BOARD OF DIRECTORS. EACH PLEDGE IS MEMORIALIZED IN A GIFT AGREEMENT SIGNED BY THE DONOR AND OUTLINES PAYMENT PLANS DURING 4-5 YEAR TERMS OF THE PLEDGE. PAYMENTS BY BOARD MEMBERS AGAINST TOTAL CAMPUS CAMPAIGN PLEDGES IN 2019 WERE \$522,665 LEAVING A BALANCE OF \$1,019,250 AS OF DECEMBER 31, 2019.

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		17,500	FMV
5 Clothing and household goods . . . . .	X		255,287	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	0	296,075	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
TOYS AND SCHOOL AND BABY 25 Other ► ( <u>SUPPLIES</u> )	X	0	193,400	FMV
GENERAL PARTICIPANT 26 Other ► ( <u>NEEDS</u> )	X	0	174,022	FMV
27 Other ► ( <u>ADS</u> )	X	0	51,289	FMV
GIFT CARDS & BAGS, HYGIENE PRODUCTS, 28 Other ► ( <u>MISC</u> )	X	0	181,456	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II.				30a No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a No
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Pt I col(b)	THE NUMBER OF DONATIONS ARE TOO NUMEROUS TO COUNT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service  
Name of the organization  
LA Family Housing Corp

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

95-3920560

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VI, Line 11b	THE FORM 990 IS REVIEWED BY THE L.A. FAMILY HOUSING CFO, AARON LEON, MS, WHO HAS 33 YEARS EXPERIENCE WORKING FOR NON-PROFITS WITH 23 YEARS AS A DIRECTOR OF FINANCE/CFO. ANY SIGNIFICANT 990 ISSUES ARE DISCUSSED WITH THE CEO/PRESIDENT AND THE L.A. FAMILY HOUSING CEO/PRESIDENT AND TREASURER.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 12c	L.A. FAMILY HOUSING REQUIRES ALL EMPLOYEES AND BOARD MEMBERS TO AVOID AND/OR DISCLOSE ALL CONFLICTS OF INTEREST, POTENTIAL OR REALIZED. FAILURE TO DISCLOSE ANY CONFLICTS OF INTEREST WILL RESULT IN IMMEDIATE DISCIPLINARY ACTION. EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 15a	EVALUATION OF COMPENSATION DETERMINATION IS PERFORMED ANNUALLY BY THE BOARD OF DIRECTORS FOR THE CEO AND CFO POSITIONS. THE COMPENSATION MUST COMPLY WITH THE LEGAL REQUIREMENTS FOR MAXIMUM COMPENSATION AND REPORTING OF TAX ELEMENTS. ALSO APPLIES TO Pt VI, Line 15b.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VI, Line 15b	SEE ABOVE



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VI, Line 19	L.A. FAMILY HOUSING HAS A WEBSITE, WWW.LAFH.ORG, WHERE THE PUBLIC CAN REQUEST ANY GOVERNIN G DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL INFORMATION. ADDITIONALLY, ANY ORAL OR WRITTEN REQUESTS MADE TO L.A. FAMILY HOUSING ARE ACCOMMODATED. COPIES OF FINANCIAL STAT EMENTS, FORMS 990 AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE CALIFORN IA REGISTRY OF CHARITABLE TRUSTS WEBSITE AND GUIDESTAR.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt XI	Line 8. - TRANSFER OF NONCONTROLLING INTEREST IN NET ASSETS BETWEEN ENTITIES WITH COMMON OWNERSHIP AND BALANCE OF INVESTMENT IN CONTROLLED LIMITED PARTNERSHIPS. TOTAL WILL BE A PERMANENT BOOK-TAX-DIFFERENCE.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt XI	Line 9. - AMOUNT IS GENERAL PARTNERSHIP DISTRIBUTION FROM GLENOAKS GARDENS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VII	AMOUNT IS LOSS ON PROJECT LAND VALUE THAT WAS REASSESSED AT A LOWER VALUE AND A LOSS RECORDED.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	DETAILS OF SPECIFIC HOMELESS SERVICES PROGRAMS FOLLOW: 80235. 0. 57924.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	GENTRY VILLAGE IS A 3-UNIT COMPLEX PROVIDING PERMANENT 49332. 0. 26352.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	STRONG HOUSE, A 6-UNIT HISTORICAL MANSION PROVIDING 73091. 0. 56985.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	GENTRY NORTH IS A 5-UNIT COMPLEX PROVIDING PERMANENT 56434. 0. 50196.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	DELANO I IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING 111388. 0. 87390.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	DELANO II IS A 9-UNIT COMPLEX PROVIDING PERMANENT 81534. 0. 92546.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	CASA FIGUEROA IS A 4-UNIT COMPLEX PROVIDING PERMANENT 44319. 0. 35850.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	KLUMP IS A 26-UNIT SINGLE-ROOM OCCUPANCY COMPLEX LOCATED 127043. 0. 115063.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	VINELAND PLACE (LAFH IS LIMITED PARTNER) - 18 UNITS 234516. 0. 231211.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	HYDE PARK-A 25-UNIT APARTMENT BUILDING THAT PROVIDES PERMANENT 388812. 0. 259466.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	HARMONY GARDENS LIMITED PARTNERSHIP - A CALIFORNIA 157737. 0. 162845.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d	11754 VANOWEN GARDENS LIMITED PARTNERSHIP - A 308730. 0. 180631.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4d	VICTORY PARTNERS- VICTORY PARTNERS IS INVOLVED IN THE 199873. 0. 166702.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	BAD DEBT EXPENSE 65346. 65346. 0. 0.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	TAXES & LICENSES 638079. 628327. 7234. 2518.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	VEHICLES 201298. 201298. 0. 0.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	PAYROLL PROCESSING 132564. 8868. 123696. 0.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	BANK & FINANCE CHARGES 126909. 48194. 37588. 41127.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	PROPERTY MANAGEMENT FEES 295530. 295530. 0. 0.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	DUES & SUBSCRIPTIONS 8447. -11742. 14919. 5270.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	RENT EXPENSE 1813269. 1356691. 88140. 368438.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	GIFTS 0. -3219. 1680. 1539.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	PRINTING & STATIONERY 43901. 19571. 1712. 22618.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	POSTAGE & DELIVERY 12450. 2006. 4948. 5496.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	MISC 4133. 4109. 0. 24.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	TENANT CREDIT CHECK 1668. 1668. 0. 0.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	TRAINING 348379. 348379. 0. 0.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	EQUITY IN LOSSES OF PARTNERSHIP INTEREST 141675. 141675. 0. 0.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	CONTRIBUTIONS 1436586. 1436586. 0. 0.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	HIRING AND PERSONNEL COSTS 23444. 23444. 0. 0.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
LA Family Housing Corp

Employer identification number  
95-3920560

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LA FAMILY HOUSING LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW-INCOME HOUSING	CA	884,175	0	LA FAMILY HOUSING
(2) APARTMENTS AT DAY STREET LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW-INCOME HOUSING	CA	15,051	0	LA FAMILY HOUSING
(3) PSH CAMPUS LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 81-2219201	LOW INCOME HOUSING	CA	10,361	0	LA FAMILY HOUSING CORP
(4) RESIDENCES ON GP MAIN LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-1705816	LOW INCOME HOUSING	CA			LA FAMILY HOUSING CORP
(5) THE ANGEL 2018 LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COCHRAN VILLA INC 7943 LANKERSHIM BLVD  N HOLLYWOOD, CA 91605 95-4311686	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(2) LA FAMILY HOUSING PERMANENT HOUSING CORP I 7943 LANKERSHIM BLVD  N HOLLYWOOD, CA 91605 95-4171142	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(3) LA FAMILY HOUSING TEMPORARY HOUSING CORP I 7943 LANKERSHIM BLVD  N HOLLYWOOD, CA 91605 95-3967934	LOW-INCOME HOUSING	CA	501(C)3	7	NA		No
(4) HARMONY VILLA INC 7943 LANKERSHIM BLVD  N HOLLYWOOD, CA 91605 95-4340543	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(5) LAFH PHASE I QALICB INC 7943 LANKERSHIM BLVD  NORTH HOLLYWOOD, CA 91605 47-4960359	LOW-INCOME HOUSING	CA	501(C)3	12a	LA FAMILY HOUSING CORP	Yes	
(6) LAFH PHASE II QALICB INC 7943 LANKERSHIM BLVD  NORTH HOLLYWOOD, CA 91605 81-1830036	LOW INCOME HOUSING	CA	501(C)3	12a	LA FAMILY HOUSING	Yes	
(7) ORMAND BEACH HOUSING LLC 7843 LANKERSHIM BLVD  NORTH HOLLYWOOD, CA 91605 36-4819417	LOW INCOME HOUSING	CA	501(C)3	12a	LA FAMILY HOUSING	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
Part V, d	L.A. FAMILY HOUSING HAS ESTABLISHED RESERVES FOR QALICB I AND QALICB II IN ACCORDANCE WITH NEW MARKETS TAX CREDIT AGREEMENTS RESTRICTED FOR THE PURPOSE OF DEVELOPMENT AND TO COVER ANNUAL TRANSACTION AND MANAGMENT FEES.

Return Reference	Explanation
Part V, j, k	PSH CAMPUS AND QALICB II HAVE ENTERED INTO A RECIPROCAL EASEMENT AGREEMENT (REA) IN CONNECTION WITH A SHARED SUBTERRANEAN GARAGE THAT ESTABLISHES CERTAIN COVENANTS, CONDITIONS AND USE RESTRICTIONS WITH RESPECT TO THE PARKING, RESIDENTIAL AND COMMERCIAL PARCELS. LEASE COMMENCES IN 2017.



Return Reference	Explanation
Part V, d	L.A. FAMILY HOUSING HAS ENTERED INTO VARIOUS AGREEMENTS WITH CERTAIN LIMITED PARTNERSHIPS OR THEIR AFFILIATED PARTNERS WHEREBY L.A. FAMILY HOUSING GUARANTEES TO LOAN FUNDS TO THE PARTNERSHIPS IN THE EVENT THAT THE PARTNERSHIPS INCUR OPERATING DEFICITS, AS DEFINED IN THE RESPECTIVE PARTNERSHIP AGREEMENTS, OR FAIL TO MEET THEIR PARTNERSHIP OBLIGATIONS.

Return Reference	Explanation
Part V, d	L.A. FAMILY HOUSING ENTERED INTO VARIOUS AGREEMENTS WITH CERTAIN LIMITED PARTNERSHIPS AND LLC'S OR THEIR AFFILIATED GENERAL PARTNERS OR MEMBERS WHEREBY LA FAMILY HOUSING OFFERS TAX INDEMNIFICATION IN THE EVENT OF LOW-INCOME HOUSING CREDIT RECAPTURE OR RECAPTURE OF LOANS FROM STATE AND LOCAL GOVERNMENTS FOR THE DEVELOPMENT OF AFFORDABLE HOUSING RESULTING FROM NON-COMPLIANCE WITH AFFORDABLE HOUSING REQUIREMENTS.

Additional Data

Software ID: 19009670  
Software Version:  
EIN: 95-3920560  
Name: LA Family Housing Corp

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GLENOAKS GARDENS LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 26-1937940	PERMANENT SUP- PORTIVE HOUSING	CA	LA FAMILY HOUSING	RELATED	-64,372	14,535,400		No	0	Yes		99.000 %
11754 VANOWEN GARDENS LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4554875	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0		No	0	Yes		0 %
13436 VICTORY PARTNER LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4811494	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0	Yes		0	Yes		0 %
14649 SATICOY PARTNERS LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 16-1682590	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	6,984	-127,989		No	0	Yes		0.010 %
HARMONY GARDENS LP  7943 LANKERSHIM BLVD N HOLLYWOOD C, CA 91605 95-4554873	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0		No	0	Yes		0 %
VINELAND PLACE LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4455272	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0	Yes		0	Yes		0 %
ALABAMA COURT LP  7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4526428	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0		No	0	Yes		0 %
DAY STREET LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 27-4786309	LOW-INCOME HOUSING	CA	APARTMENTS AT DAY STREET LLC	RELATED	14,965	496,655		No	0	Yes		0.010 %
PSH CAMPUS LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 47-4393946	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	10,227	1,019,017		No	0	Yes		0.010 %
RESIDENCES ON MAIN LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-1686782	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING	RELATED	0	0		No	0		No	50.000 %
11681 FOOTHILL LPSUMMIT VIEW  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-2460080	LOW-INCOME HOUSING	CA	11681 FOOTHILL GP LLC	RELATED	0	0		No	0	Yes		50.000 %
11681 FOOTHILL GP LLC  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-2443947	LOW-INCOME HOUSING	CA	LA FAMILY HOSUING	RELATED	0	0		No	0	Yes		50.000 %
13436 VICTORY PARTNERS LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-4811494	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	0	0	Yes		0		No	0 %
11754 VANOWEN GARDEN LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-4554875	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	0	0		No	0		No	0 %
VINELAND PLACE LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-4455272	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	0	0	Yes		0		No	0 %

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HARMONY GARDENS LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-4554873	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	0	0		No	0		No	0 %
ALABAMA COURT LIMITED PARTNERSHIP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-4526428	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING LLC	RELATED	0	0		No	0		No	0 %
RESIDENCES ON MAIN GP LLC  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-1705816	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING CORP	RELATED	0	0		No	0		No	60.000 %
THE ANGEL 2018 LP  7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 83-3394980	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING CORP	RELATED	0	0		No	0		No	99.990 %

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LA FAMILY HOUSING PERMANENT HOUSING CORP I	n, o,	796	ALLOCATED
HARMONY VILLA INC	n, o,	2,116	ALLOCATED
COCHRAN VILLA INC	n, o,	763	ALLOCATED
ALABAMA COURT LP	n, o,	18,965	ALLOCATED
14649 SATICOY PARTNERS LP	d	2,003,000	AGREEMENT
14649 SATICOY PARTNERS LP	n, o,	2,333	ALLOCATED
11754 VANOWEN GARDENS LP	n, o,	6,411	ALLOCATED
VINELAND PLACE LP	n, o,	6,052	ALLOCATED
DAY STREET LP	n, o,	6,250	ALLOCATED
GLENOAKS GARDENS LP	n, o,	23,464	ALLOCATED
LAFH PHASE I QALICB INC	o	13,500	COST
LAFH PHASE I QALICB INC	j	126,000	COST
LAFH PHASE I QALICB INC	b	88,081	AGREEMENT
LAFH PHASE II QALICB INC	b	1,421,705	COST
LAFH PHASE II QALICB INC	l, n	862,564	COST
LAFH PHASE II QALICB INC	k	542,873	AGREEMENT
PSH CAMPUS LLC	n, o,	368,433	COST
PSH CAMPUS LP (THE FIESTA)	d	1,000,000	AGREEMENT
THE ANGEL 2018 LP	q	291,784	COST
GLENOAKS GARDENS	q	23,464	COST
RESIDENCES ON MAIN	q	281,786	COST
GLENOAKS GARDENS	s	54,321	COST